

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/56/513

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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49		/				
50		/				

TOTAL IND.

4



TOTAL DEP.

18



TOTAL CLAIMS

12

	AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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